
Legal Terms and Conditions

Media/Professional Insurance is an underwriting and claims manager licensed to accept submissions from any licensed insurance agent or broker. Media/Professional Insurance does not solicit applications or sell insurance through the Internet.

Applications and all related information are provided for information only. Coverage may vary according to state law requirements and may not be available in some states.

If you are a licensed insurance agent or broker, please send your submissions to our Underwriting Department at:

Domestic Office

Two Pershing Square, Suite 800
2300 Main Street
Kansas City, Missouri 64108
Facsimile: +1 (816) 471-6119
Telephone: +1 (816) 471-6118
<http://www.mediaprof.com>

International Office

New London House
6 London Street
London, EC3R 7QL
Facsimile: +44 (171) 722-4700
Telephone: +44 (171) 680-1177
<http://www.mediaprof.com>

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ADVERTISER LIABILITY COVERAGE

Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.

Note: All questions must be answered. All requested attachments must accompany application.

1. Name of Proposed Insured (as it should be stated on your policy if issued):

2. List other subsidiaries, affiliates and trade names to be included for insurance:

3. Principal Street Address, City, State, Zip Code:

4. Telephone:

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5. Date purchased by present owner:

6. Describe the nature of your business and the types of products or services you render:

Advertising

7. Estimated advertising expenditures for the current fiscal year: Domestic \$ _____ International \$ _____
Approximate percentage in the following media:

Radio _____% TV _____% Newspapers _____% Magazines _____% Catalog
Or Mail Order _____% Other
(Specify) _____%

8. List advertising agency(ies) used:

9. Please check the appropriate box for each of the following:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| A. Does applicant firm operate an in-house advertising agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does applicant firm engage in comparative advertising? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are written hold harmless or indemnity agreements required from advertising agencies and the media? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are advertising agencies and the media required to provide evidence of insurance as respects such hold harmless or indemnity agreements? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. If employees make creative contributions to advertising, are written releases obtained from them? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Has the applicant firm been cited by any regulatory agency for violations arising out of its advertising activities?
If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |

10. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____

Years of experience in media law: _____

Please Complete Reverse Side

11. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title or slogan; plagiarism, piracy or misappropriation of ideas under implied contract or any other act arising out of matter disseminated or exhibited in advertising of any kind?

☐ Yes ☐ No

If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim.

12. During the past three years, has any similar insurance been issued to the applicant firm?

☐ Yes ☐ No

If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium
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13. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant firm? (Not applicable in Missouri.)

☐ Yes ☐ No

If yes, give details. Add attachment if needed.

14. Policy limit required:

\$ _____

15. Self-insured retention:

\$ _____

Note: all policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND IN NEW YORK SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____
(please type or print)

Name _____
(signature of authorized representative)

Title _____

Date _____

To complete your application, please submit:

- Current financial statement or annual report
- Advertising materials about applicant's operation



Media/Professional Insurance

A division of Media/Professional Insurance Agency, Inc.
Two Pershing Square, Suite 800 • 2300 Main Street
Kansas City, Missouri 64108-2404
(816) 471-6118 Facsimile - (816) 471-6119

We Insure Free Speech Worldwide®

Agent or Broker:

Address, Zip Code:

Telephone: